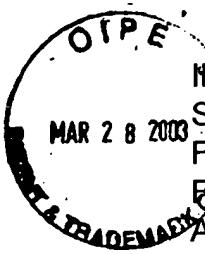


AF/3763



INVENTOR: Jeffrey T. Mason

SERIAL NO: 09/935,392

FILED: August 22, 2001

FOR: Medication Delivery System Having Selective Automated or Manual Discharge

ATTY DKT: 001P0001

GROUP ART UNIT: 3763

EXAMINER: R. Ghafoorian

**RESPONSE TRANSMITTAL AND  
EXTENSION OF TIME REQUEST  
(IF REQUIRED)**

**RECEIVED**

APR 01 2003

TECHNOLOGY CENTER R3700

COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

<b>FEE CALCULATION FOR ENCLOSED RESPONSE and EXTENSION REQUEST (if any)</b>									
	Claims Remaining		Highest No. Previously Paid		Number Extra		Rate		Additional Fee
Total Claims	24	-	24	=	0	×	\$18.00	=	0.00
Independent Claims	5	-	7	=	0	×	\$84.00	=	0.00
Surcharge For Multiple Dependent Claim First Added .....							\$280.00	=	0.00
[ ] Applicant requests a _____ extension of time for response to the outstanding Office Action. The fee is .....									0.00
[ ] SMALL ENTITY STATUS (If applicable, divide TOTAL by 2) .....									0.00
[ ] Reduction for Extension Fee of _____ months already paid .....									0.00
[ ] OTHER:									0.00
<b>TOTAL .....</b>									<b>0.00</b>

The fees calculated above are to be charged to Deposit Account No. 02-4245.

If for some reason applicant has not requested a sufficient extension of time and/or has not paid a sufficient fee for this response and/or for the extension of time necessary to prevent the abandonment of this application, please consider this as a Request for an Extension for the required time period and/or an authorization to charge my Deposit Account No. 02-4245 for any fee which may be due. A duplicate copy of this sheet is enclosed.

Dated: March 21, 2003

By: \_\_\_\_\_

Rodney F. Brown  
Attorney for Applicant  
Registration No. 30,450

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San Diego, California 92117  
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